FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90235 022 ***150.00

DOCUMENT # F81108

1. Entity Name
FURLONG TITLE CO., INC

00033232

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12651 McGREGOR BLVD I-102	FT MYERS, FL 33919
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: 33919 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2191257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSEPH A. FURLONG JR

Street Address (P.O. Box Number is Not Acceptable): 1313 SW 18TH TERR

City: CAPE CORAL FL Zip Code: 33991

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES NAME: JOSEPH A. FURLONG JR STREET ADDRESS: 1313 SW 18TH TERR CITY-ST-ZIP: CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SEC/TREASURER NAME: BEVERLY H. FURLONG STREET ADDRESS: 1313 SW 18TH TERR CITY-ST-ZIP: CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V PRES NAME: BRETT R. FURLONG STREET ADDRESS: 1313 SW 18TH TERR CITY-ST-ZIP: CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRES 2/19/03 239-437-9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

CR2E034B (12/02)